

CENTRAL POINT PARKS & RECREATION

ALCOHOL PERMIT APPLICATION

ALCOHOL
PERMIT
APPLICATION

Applicant Name

OLCC Permit Holder Name

Permit #

E-Mail

Address

Phone #

City

State/Zip

Birthdate

Event Location Twin Creeks Robert Pfaff Park *(requires council approval)*

Describe Event

Event Date(s)

Alt. Date(s)

of Attendees Total Per Day

Alcohol serving times Start End

Type of Alcohol to be served (check all that apply)

Free | Hosted Alcohol

Beer

Distilled Spirits

Alcohol Sales

Wine

Other

Will you be providing security? Yes No

Please describe services or plan

Security must be provided for 200 or more people.

Will you have a closed beer garden? Yes No

Will you be identifying those 21 or older? Yes No

Please describe your plan to ensure safe sale and distribution of alcohol at your event.

Please attach TSL (If Applicable)

Signature

Date

Official Use Only

Received By _____ Title _____

Date _____ Approved/Denied _____